TEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 30 OF 35 (check only one)
			17 18 19a 19b
		Detailed Summary Page	X 20a 20b 20c 21
	ly information copied from such Reports and Statements me for commercial purposes, other than using the name and a		
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
/	Friends of Pam Galloway		
	Full Name (Last, First, Middle Initial)		
٩.	Christopher James Magiera	Date of Disbursement	
	Mailing Address 3496 S State Road 15	08 30 2015	
	City State		
	City State Warsaw IN	Zip Code 46580	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund for in-kind contribution - supplies to be reimbursed 006		129.56 Transaction ID : SB20A.4308
	Candidate Name Category/		
	Pamela Gail Galloway		//
	Office Sought: House Disbursement For		
	Senate Primary President Other (s	General Specify)	
	State: IN District: 03		
	Full Name (Last, First, Middle Initial)	Date of Disbursement M M / D D / Y Y Y Y 08 30 2015	
3.	Christopher James Magiera		
	Mailing Address 3496 S State Road 15		
	City State		
	Warsaw IN	Zip Code 46580	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund for in-kind contribution - supplies to be reimbursed	201.40 Transaction ID : SB20A.4309	
	Candidate Name		
	Pamela Gail Galloway		
	Office Sought: House Disbursement For		
	Senate Primary President Other (s	General Specify)	
	State: IN District: 03		
	Full Name (Last, First, Middle Initial)	Date of Disk.	
Э.	Staples	Date of Disbursement	
	Mailing Address 3600 Commerce Drive US Hwy 30	06 D / Y Y Y Y Y Z	
	City State Zi	State Zip Code	
	Purpose of Disbursement Supplies 006		201.40 Transaction ID : SB20A.4309.0
	Candidate Name Categor		
	amela Gail Galloway		[MEMO ITEM]
	Office Sought: House Disbursement For Senate Primary	: 2016 General	
	President Other (s		
	State: IN District: 03		
9	IIRTOTAL of Dishursements This Page (ontional)		330.96

TOTAL This Period (last page this line number only).....